Lesson 44 - Overeating: Fasting Fanaticism And Diet Fanaticism

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1. Foreword

Eating seems to be the favorite indulgence of humans—it has no rivals. It is part of, or associated with, or on the periphery of, almost everything he or she does. It is the accompaniment, passtime, recreation, entertainment, hospitality, ice-breaker, social function, reward, goal, comfort, business tool, monotony-relief, grief-assuager, pain-reliever. Humans eat when they work, they eat when they relax, they eat when they rest, they eat when they watch, they eat when they listen, they eat when they ride.

They eat, not necessarily because they are hungry, but—because it is meal-time, break-time or snack time because they are bored, restless or unhappy; because they need something to do while waiting, while watching television or movies, or while playing cards; because they can't offend the hostess; or for no reason at all.

Intervals between eating become shorter, the habit of chain-eating abounds and we may find them

tasting, chewing, snacking, eating, any time at all, from the first thing each morning till the last thing at night.

They know that their digestive equipment must serve them for their lifetimes, but they make little or no effort to economize on its use, or prolong its ability to function. They rarely give it a vacation; they even force it to work while they sleep. When it complains, they stifle it with drugs. When it breaks down, the surgeon may cut out the offending tissue—perhaps fifty or sixty percent of the stomach, ten or fifteen feet of the intestine, or maybe part or all of the colon.

The most significant cause for these conditions is the combination of sedentary habits and dietary errors (*especially overeating*).

Overeaters of the world (you comprise the majority)—I hope I can help you before you reach the point of no return.

2. Quintessence

"The smallest amount of food able to keep the
body in a state of high efficiency is
physiologically the most economical, and thus
best adapted for the body's needs."

This is the Chittenden concept, stated years ago by Russell Henry Chittenden.

3. "Appetite" Is Not Hunger

"Appetite" is a habit and as such can be trained to be satisfied with small amounts of food, or to demand enormous amounts of it. The English poet, John Dryden, said, "we first make our habits, and then our habits make us."

Many people have never emptied the stomach completely. Most people have never experienced true hunger, which is a mouth and throat sensation, and not a feeling of emptiness and weakness.

People eat—either from habit or because they feel better, or stronger, and—frequently—because the food relieves distress or pain. The food has a stimulating effect, and forces the body to get busy dealing with the newly-swallowed food supplies. It must, perforce, temporarily discontinue its efforts to clean out the debris left by previous meals—which efforts have been the source of the discomfort.

Waste material from the new food adds to the organism's need to clean out the debris (which can be accomplished only by not eating—by fasting).

Dr. Claunch says (*The Hygienic System, Volume II*, p. 291), "The difference between true hunger and false craving may be determined as follows: when hungry and, comfortable, it is true hunger. When hungry and uncomfortable, it is false craving. When a sick person misses a customary meal, he gets weak before he gets hungry. When a healthy person misses a customary meal, he gets hungry before he

gets weak."

4. Development Of The Habit Of Overeating

The development of the habit of overeating starts all too early. The sad truth is that children are trained to overeat. From early infancy, babies are coaxed to take frequent feedings they do not need. Older children are bribed to "clean their plates" with the promise of a sweet dessert, which further complicates the digestion of the unnecessary meal. Worst of all, they are not even allowed to refuse a meal when they are not hungry.

Even the sick are urged to eat "to keep up their strength"—in spite of the protests from the ailing organism. Young girls are taught that the way to a man's heart is through his stomach. *The way to a man's health is also through his stomach*.

5. Overeating Undermines Health

Overeating is probably the greatest culprit in the undermining of our health. It is the primary cause of most digestive problems, and impairment of the digestion leads inevitably to the breakdown of the organism.

R.T. Trall, M.D. (*Digestion and Dyspepsia*, pp. 82-83) said, "It is a great mistake to regard dyspepsia as peculiarly or especially a disease of the stomach." He said that a multitude of organs and structures are essentially cooperative in the digestive processes, and they are just as co-implicated in the derangement of these processes.

"The debility of the stomach or other digestive organs, in any case of dyspepsia, is no greater and no worse than that of all other parts of the body. Indeed, the difference is just the other way, for nutrition, being the first and last process of organic life, all other parts of the system are disproportionately debilitated when the digestion function is impaired. Dyspepsia is, therefore, but a name for universal physical deterioration....The error of regarding dyspepsia as a local disease instead of a constitutional infirmity, leads to the mischievous practice of local medication." (Stimulants, tonics, nervines, opiates, purgatives, etc.) "These are excellent methods for curing dyspepsia by killing the patient, or to mitigate symptoms by destroying vitality.

Laboratory experiments have demonstrated repeatedly that overeating is a major cause of cancer. The following experiment has been repeated hundreds of times at various research laboratories; many times at the finest cancer research institute in the world. One hundred rats are bred to develop breast cancer by the age of one year, then separated into two groups. One group is given free access to food, the other group is given the same food in limited amounts. All rats in the first group develop cancer, but only 20% of the rats in the restricted food group develop cancer.

Conventional diets and overeating (or even overeating of the best foods) result inevitably in damage to the organism. The body is forced to make adaptations, and to gradually increase its tolerance of toxins, bringing it closer to common digestive maladies, followed by impairments of the entire organism.

6. The Remedy Mentality

The victims of the uncomfortable symptoms thus produced develop a "remedy mentality," and are always seeking new preparations, medicines and cures (as an easy way out).

Food is used for the relief of symptoms. Ulcer patients are fed frequently during the day and sometimes at night; nervous people are fed to quiet them. "Foodaholics" (compulsive eaters) suffer from nausea when their stomachs are empty and must have more food.

7. How Overeating Vitiates The Body

Sylvester Graham used to say, "A drunkard may reach old age, a glutton never." And Hippocrates also said, more than two thousand years ago, "Excess in drinking is almost as bad as excess in eating."

Remember that we require less food—and can utilize less food—as we grow older; and that overweight becomes a greater threat with the passing years. Excess poundage not only increases the threat of coronary problems, diabetes, and a host of other degenerative diseases—obesity will undoubtedly shorten one's life.

Dr. Shelton says that overeating overworks and poisons the body. Overindulgence in food works all the organs of the body to death and wrecks the whole system long before the digestive organs begin to show signs of weakening. Don't labor under the delusion that unless food causes distress in the stomach, it produces no harm.

In the overeater, all the functions of the body are conducted more rapidly than they should be until the overwork forces them to stop. Light eaters who use no stimulants should have a heartbeat (pulse) of about sixty a minute. The average of seventy-two that is considered normal is too high, and is the average standard for over-stimulated, overfed individuals.

Cornaro's food selection is not one that we would recommend, but the point here is not the particular food items but the quantity of food ingested that resulted in his longevity, ed.

8. If You Want To Eat More, Eat Less

It is obvious that reduction of total food intake will prolong the life of all the vital organs by reducing their work loads. Dr. Graham said, "It is a general rule strictly true that a correct quantity of a less wholesome ailment is better for man than an excessively small or an excessively large quantity of a more wholesome ailment. It is solely from the want of a proper regard for this important truth, that many have been unsuccessful in their attempts to live exclusively on a vegetarian diet."

A well-known illustration of this precept is the example of Luigi Cornaro, who lived to about 100. As a young man (around forty), he became very ill, and an early death was predicted. He discontinued his gluttonous habits and experimented with various foods to find which foods caused no overt symptoms. He restricted himself to fourteen ounces of food daily. He ate bread, meat, the yolk of egg, and soup (a selection of foods which caused no symptoms). The quantity was minimal, you will agree, and so his body was able to handle it efficiently and sustain itself so well that he outlived his prognosticators.

Cornaro said that what we leave of a hearty meal does us more good than what we have eaten. He is credited with having said (loose translation), "if you want to eat more, eat less, because if you eat less, you will live longer, and if you live longer, you will eventually eat more."

Hereward Carrington (*The Natural Food of Man*, p. 269) quotes Dr. Nichols: "It is my experience—and I believe of many others who work as I do—that the less I eat, the better I feel. I do not vary much in weight through months and years from 160 pounds. In solid, dry weight, my food, day by day, would not exceed ten or twelve ounces."

9. Light Eaters Vs. Heavy Eaters

The light eater has muscles of better quality, and his strength and endurance have been repeatedly shown to be greater. He thinks more quickly, more accurately and clearly, has more reserve power, and lives longer. He also escapes the aches and pains that (sooner or later) fill the lives of heavy eaters. (Dr. Shelton, *Human Life, Its Philosophy and Laws*, pp. 240-241.)

Temperate eaters have good digestions, and never think about their stomachs. Heavy eaters are troubled with thirst, bloat, acidity (and all kinds of disorders), and are constantly "popping pills" to obtain relief (spelled R-O-L-A-I-D-S).

Sometimes, overeating may produce an appearance of health, with no overt symptoms (as yet!), and a well-rounded appearance, but it cannot compare with the strong, enduring, true health of the properly nourished body.

10. The General Rule

Carrington maintains that overeating is the chief cause of all disease and thus shortens and destroys life. He says that the general rule to follow is: "Every individual should restrict himself to the *smallest* quantity that he finds, from careful investigation and experiment, will meet the wants of his system—knowing that whatever is more than this is harmful.

A high caloric intake produces a toxic body, which is unable to use energy efficiently. Waste clogs the body, impairs normal function, and demands high blood pressure for circulation. The more food that is ingested, that much more must be eliminated. If more is ingested than the body is able to utilize efficiently, a great deal of the body's energy is wasted in converting and expelling the surplus.

11. Building Health And Strength

Many physical workers and athletes think they must eat excessively to maintain strength and endurance—but the result is premature aging.

Professor Gilman Low demonstrated the ability of the body to build and maintain Herculean strength and great endurance on little food. He trained for two months. For the first five weeks he ate one meal a day, almost all uncooked foods. During the last three weeks he ate only four meals a week. In fifty-six days of training, he ate forty-seven meals. After the first five weeks of almost all uncooked foods, he ate eggs, whole wheat bread, cereals, fruit, nuts, milk and distilled water.

Eleven hours after the last meal, he lifted 1,000 pounds 1,006 times in 34 minutes and four seconds. Fifteen minutes later, he lifted one ton 44 times in four minutes.

The preceding details about Professor Low's spectacular feat is given in Dr. Shelton's *Volume II*, pp. 285-286, but no information is included on the date this occurred, the height and weight of Professor Low, and whether or not he was a professional weight lifter.

This was an impressive demonstration of the fact that health and strength can be maintained on minimum amounts of food, but, in general, Dr. Shelton says, "It is quite true that a man needs more protein while he is building large muscular bulk, and he perhaps needs a little more protein than the average man to maintain so much muscular structure, but it is a fallacy to think that he needs and can use as much protein as is consumed today by men who train with weights." (*Dr. Shelton's Hygienic Review*, March 1974, p. 161.)

On the other hand, it is true that there is an important relationship between activity and the amounts of food that can be efficiently processed by the organism. The combination of sedentary habits and dietary errors, especially overeating, will inevitably lead to disease. Active people, who make vigorous activity and regular exercise an integral part of their lives, are better able to process the food that they eat—to reap the benefits—and even to discard undesirable substances and excesses.

Dr. Shelton says (*Dr. Shelton's Hygienic Review*, March 1974, p. 150), "Excess of food is often but another term for a lack of fresh air and exercise."

12. Willpower Is Supported By Knowledge

Willpower is not the only weapon in the fight to break the habit of overeating. Knowledge is a much more potent tool.

The individual must realize and acknowledge that overeating is a habit that has him or her in its grip. If one is eating denatured foods, which do not completely nourish the body, such foods may not satisfy hunger unless eaten in large quantities. Spices, condiments and cooked foods also result in stimulation of appetite and overeating.

If the change to a good selection of foods has been made, but a great variety of foods are being used at a meal, this also leads to overstimulation of taste and appetite—and overeating.

13. Food Addiction

People become overweight because they overeat. They may overeat because they are overtired, unhappy or bored. Some individuals overeat because of psychological and emotional factors—such as compulsive eating as a compensation for frustration, defeat or loss. Anxiety and a poor self-image are so uncomfortable that relief is urgent.

Food reduces the energy level in brain and thus relieves anxiety and depression.

People overeat to satisfy these emotional needs which translate into vague cravings which seem to be never satisfied.

Or they may be overeating because of poor mastication, stomach enlargement due to a history of overeating, or because their inadequate diets leave them physiologically unsatisfied. The result is food addiction.

Any type of addiction—be it addiction to sugar, salt, condiments, coffee, tea, chocolate, alcohol, tobacco, drugs, vitamin pills—or even food in general—inhibits pancreatic efficiency, and pancreatic efficiency has a relationship to both low blood sugar (hypoglycemia) and high blood sugar (diabetes). William Phillpott, M.D., specialist in cerebral allergies and psychiatry, says, "Addiction is dangerous, because it suppresses pancreatic function."

Mehl McDowell, M.D., says that irresistible cravings for food can be understood as the typical cravings of addicts, stemming from cyclic biochemical processes. The addiction can be made to temporarily disappear in several days after totally avoiding the foods to which the individual is addicted. The addictive food will frequently be one or more in the sugar/white flour group, but it can be any foods, which, when discovered, are "enemy foods" for that person.

Dr. McDowell says that total abstinence from the "enemy foods" is only the first phase, which must be followed by a "conditioned reflex response"—the "instant yuk technique." The person trains himself to react with disgust to thoughts about the "enemy foods." (See article "Say Goodbye to Compulsive Eating," in this lesson.)

Once the addiction is under control, even overeating syndromes with psychological bases can be more easily restrained.

13.1 Binging

Binge eating is the way that bingers cope with life's problems, and this may contribute more to overweight than any other factor. Binge eaters may compulsively pile in hundreds, or thousands, of calories, almost without any true realization, satisfaction or enjoyment. They are trying, unsuccessfully (perhaps unconsciously) to escape from reality. Some people drink, some use drugs, some go on shopping sprees—and some eat. They usually eat rapidly, as though fearful they will be deprived of the mountain of food.

13.2 How To Escape From The Slavery To Overeating

An article in "Food for Thought"—a brochure found in health food restaurants—suggests, "With or without outside help," (the best is Overeaters Anonymous), "the binge eater can learn to apply some principles of behavior modification. First, binge eaters must learn to pay attention to what's happening at the start of the binge—the time of day, where they were, what they were doing, what they were thinking, what they were feeling. It helps to keep a daily log or diary. Second, they must analyze what they discover. Divorced individuals might find, for example, that the binge usually occurs in late afternoon when they become acutely aware that the former mate won't be coming home to share the evening meal with them.

"And third, they can learn to break the chain. In the example we just used, the individual could make a point of being somewhere else in the late afternoon—the library, an early movie, a gym or an adult education class, for example. Learning to control binge eating is difficult, but not impossible, and it's worth the effort."

The individual must *work* to initiate whatever changes are necessary for release from slavery to the appetite; that will help to break the habits of unwholesome redundancy which are threatening physiological, efficiency. When major sources of former eating pleasure are eliminated, they must be replaced by a new eating style that can gradually grow to be even more pleasurable, and by a new life that can be psychologically, emotionally, mentally and physically rewarding. The individual must be encouraged to not concentrate on what is being given up, but rather on what will be gained.

The body chemistry is influenced by the food that is eaten. When the diet is altered and the new diet maintained for a given length of time, the enzymes, body fluids, and glandular secretions become increasingly adapted to the influences and requirements of the new food program, just as the organism necessarily struggles to adapt, when it is bombarded with junk food, or too much of any kind of food. *The important difference is that the prior adaptation to the misguided food program involved health deterioration, while the readjustment in the direction of an ideal food program is towards improved health*.

We are not referring to calorie restriction in the usual sense. Reducing diets are always frustrating and frequently unsuccessful, since they involve countless decisions and the exercise of power at every meal. It never becomes any easier to eat half portions and to refuse the dessert, because the reducing diet continues and accentuates the perverted tastes and cravings of the malnourished (even though adipose) body.

Rather, we are referring to a planned program of meeting all of the body's nutritional requirements in a pleasant, satisfying, rational manner, with no redundancy or surfeit, which will tend to gradually reeducate perverted appetites—and produce such a sense of well-being that cravings will become easier to handle, and gradually all but disappear.

Ideally, such a program should be preceded by a thorough indoctrination into the precepts of the Hygienic system. The initial period will require mind control and firmness of purpose—but the potential rewards for those who have the determination to succeed are almost incalculable.

The first thing to do is to determine one's goal, make plans, and don't stop until success is attained.

Those who stumble along the way should pick themselves up, forget about the fall, and keep right on going. The only failure is giving up.

Learning to do something—to drive, to play a musical instrument—takes many hours of practice, and so many mistakes!

13.3 Forming New Habits

It is not easy to break a habit. At first, you may dislike or even hate what you are trying to do. Tough it through! Soon it won't seem so difficult and the worst part is over. But the best is yet to come, and you will eventually experience the delights of good food and good health.

A simple approach to the whole problem of overeating is the elimination of cooked food to the greatest extent possible. It is difficult to habitually overeat at meals when no cooked or processed foods are served. (However, snackers *can* overeat, even of uncooked food.)

John M. Douglass, M.D., internal medicine specialist at Southern California Permanente Medical Group (in his reports in the *Medical World News* and the *Annals of Internal Medicine*) says that raw food diets reduce or eliminate the need for insulin in many diabetics, reduce blood pressure, and develop an inner feeling of cleanness that causes people to want to reject such habits as smoking, drinking and overeating (from *Organic Gardening Magazine*, July 1978).

13.4 A Practical Program

A very practical program to eliminate the over-consumption of food is to begin with a short fast (about three days), followed by a program of twelve meals weekly —a thirty-six hour fast one day out of seven, and two meals a day on the other six days—with probably one meal around noon and the other in the early evening—no snacking.

Most people do well on such a program. Occasionally, we find a person who tends at each meal when he is limited to twelve meals weekly, or who keeps to this program, eating moderately, but who never feels satisfied. Such a person might do better on a semi-monthly fast of thirty-six hours, and alternating between two and three meals daily. Experimentation may be necessary to help the individual to determine his or her own requirements and capacities, which may be influenced by the rate and efficiency of the metabolism and assimilation.

14. History

Dr. Shelton (*Volume II*, pp. 274-276) quotes numerous students of history as saying that the Greeks and the Romans, for more than a thousand years, ate one meal a day—and their armies marched for days "under loads of iron, clothes, and provisions that would stagger a modern porter."

During the zenith period of Grecian and Roman civilization, the firmly established rule was that a health-loving man should content himself with one meal a day, and never eat until he had leisure to digest, i.e., not till the day's work was wholly done.

Dr. Felix Oswald says, "The evening repast was a kind of domestic festival, the reward of the day's toil, an enjoyment which rich and poor refrained from marring by premature gratifications of their appetites."

After the Greeks and Romans acquired power and riches, their sensuous indulgence in food was

followed by their physical, mental, and moral decline.

The Persians ate one meal daily. The Jews from Moses to Jesus ate but one meal a day. They sometimes added a lunch of fruit. For more than a thousand years, the one-meal-a-day plan was the established rule among the civilized nations inhabiting the coast lands of the Mediterranean.

Even today, primitive tribes eat their daily meal after the hunters return—if the hunt fails, they have no meal.

The two-meal-a-day plan survived in England at least until 1858. With its increasing prosperity, England adopted the three-meal-a-day program.

When Sylvester Graham (early Hygienic pioneer) began his career as a temperance lecturer in the United States, gormandizing was one of the favorite indoor sports. It was not unusual to serve as many as thirty or more kinds of meat and fish at a ceremonial banquet. Gentlemen sometimes sat at the table for as long as seven hours for one meal—followed by gout and other penalties of overrating.

15. Today

Though most people still overeat today—there has been some improvement in the last 150 years—but not nearly enough. Look around you—how many people have maintained their slender figures through the years? Thousands of people are significantly, even grossly, overweight.

The prevalence of diet fanaticism (and sometimes fasting fanaticism) is perhaps even more dangerous than the overeating/overweight syndrome.

16. Fasting Fanaticism Vs. Rational Fasting

Most people are fearful of fasting, calling it a "starvation" diet, and are convinced they could never fast. At the opposite pole are those who become fanatically addicted to fasting, either because they believe it will control their weight, or that it will improve their health.

These people don't really understand fasting at all. Fasting may, in general, be divided into three categories:

1. Therapeutic Fasting—Ten to thirty days, or longer, for relief of a pathological problem (or for weight reduction, in some cases)—in general, to be undertaken not more than once a year (if fifteen to thirty days or more), or twice yearly (if ten to fourteen days). Such fasts should be supervised. Some people believe that ten-to-fourteen-day fasts twice yearly are beneficial for almost everyone. Others believe such fasts should not be undertaken without reason. This is my opinion.
2. Maintenance Fasts—For general health improvement, or for further progress between therapeutic fasts (three to five days, not more than once monthly, or perhaps bimonthly, in some cases).

Might be useful for weight control for some people. Fasting for three days a month, without a reason, is really not advisable or necessary. If one is not experiencing any problem, there is no need to fast.

3. Weekly or biweekly 36-hour fasts, as part of the regular program—a good idea for most people. I really do not regard this as fasting—more like a respite for the digestive system.

Dr. Vetrano (*Dr. Shelton's Hygienic Review*, November 1979, p. 79) says, "For maximum health, one does not have to fast unless injured or unless there is an acute crisis of some sort. If you live genuinely Hygienically, all you need, because of a polluted environment, is a once-a-year rest and tune-up fast of about eight to fourteen days. It you live in the country, away from all types of pollution, you may not require a fast of that length.

"Fasting one day a week may be too much for some people. They may not be able to gain weight, or muscle, by fasting this often. Fasting three days a month, for no reason at all, is not necessary. When your hunger is absent, fast. As long as hunger is present, and there is no physical or mental problem, then there is no reason to fast. Just live Hygienically."

Fasting fanatics sometimes fast every other day, or take a two- or three-day fast every week. They sometimes fast for longer periods—thirty or sixty days or more—when there is no therapeutic reason for doing so. They may fast a week or more at frequent intervals—every month or so (or oftener).

Some of these people embark on this type of fasting "program" in the hope that frequent fasting periods will gradually result in rejuvenation and optimal health (or in an effort to normalize their weight). They do this in the mistaken belief that such erratic fasting can achieve the same dramatic results as a prolonged fast.

Such capricious use of fasting may prove to be dangerous. Short fasts, taken at too frequent intervals, produce enervation and exhaustion, and create nutritional deficiencies. Serious problems cannot be corrected in this manner.

To a certain limited extent, well-planned, well-spaced short fasting periods do have a health-improvement potential, but, even in those cases where successful remission of a serious problem is achieved in this manner, it is infinitely slower than a supervised, prolonged fast, and not nearly as certain.

Much of the rejuvenating and therapeutic value of a prolonged fast (fourteen to thirty days, or longer) on distilled water only, may be attributed to the *uninterrupted*, orderly succession of phenomena initiated by the organism when continuously deprived of external food sources.

As the fast progresses, elimination of toxins is accelerated, and the body continues to explore its reserves for life-sustaining materials. Nutritional elements which have been stored in the body are released into the bloodstream, to be salvaged and absorbed by the cells. As the fast progresses, the utilization of available supplies is accomplished with increasing economy and efficiency.

Ideal conditions for maximum debris autolysis and healing are produced by *prolonged* abstinence from food, and there is a steady weight loss.

By contrast, *erratic, frequent, short fasting* periods are a drain on the organism, without a corresponding recompense. For each fasting period, the body must undergo the stresses of adapting to the fasting situation and readapting to the eating situation, with very little time in between to experience any benefits.

If you are trying to lose weight, this is a poor method, and apt to not only be unsuccessful, but also to be a threat to your health. You may lose a few pounds when you fast and gain it back between fasts—which is worse than not losing the weight at all. Such a practice will not only be self-defeating, but will result in weakness and malnutrition—even if you are overweight.

Utilizing planned, well-spaced fasting periods of from ten to thirty days is the easiest, quickest and most

effective way to lose weight—for many people. Pounds quickly melt away, with a bonus of health improvement. In this type of fasting, the readjustment to eating is quite different than the constant seesawing between eating and fasting, which usually leads to gorging on the days you are eating.

After the weekly thirty-six hour fast, one has a keen appetite, but, as a rule, there is no tendency to overeat in order to compensate for the lost meals.

Even a monthly (or bimonthly) three-day fast is not usually followed by an uncontrollable desire to "eat everything in sight."

Fasting ten to fourteen days twice a year, or thirty days once a year (if there is a therapeutic necessity for a thirty-day fast) is followed by a readjustment period, but, ordinarily, this infrequent situation does not lead to habitual overeating. In fact, in many instances, such prolonged fasting periods (*under professional supervision, of course*) seem to reduce eating capacity and cravings for frequent large meals and unwholesome foods.

Even those people whose prolonged fast results in an increased appetite will find the annual or semiannual readjustment to a moderate eating program manageable, even though some thought control will be necessary to "get over the hump."

But people who are always "recovering from" the previous fast at the same time that they are within a few days of entering another fast are almost helpless to control the overeating and even bringing urges, since such compulsions are created by the body's demands for more and more food to counteract the nutritional deficiencies produced by the unwise use of fasting as a modality to replace moderate and healthful eating and living habits on a daily basis.

Each time one fasts, vitamins and minerals are lost, and an expenditure of energy and a loss of reserves are experienced. These might be weighed against the anticipated beneficial effects of the fasting period.

17. Special Problems

Some people cannot use fasting at all (of any type, frequently, or lengthy) as a tool for weight control, because all it does is to cause them to seesaw between "starving" and "gorging." This is, sadly, especially true of many grossly obese people. This may be because their metabolism is abnormal, because the problem is glandular or congenital in origin, or because of any of several other possible and complicated factors.

Many authorities believe that an important cause for lack of obesity control is too many fat cells. People who have been grossly obese, especially if they were fat children or teenagers, have a special problem. When there is weight gain, there is a multiplication in the number of fat cells, but when weight is lost, the number of fat cells does not decrease, the cells simply grow smaller.

The Hartbargers (*Eating for the Eighties*, pp. 155-156) say, "From the moment of conception through the first year, virtually all the organs and tissues undergo intensive growth, including cell division. During these early stages, the most elementary functions of each organ are determined. Malnutrition can have its most lasting effect on physical and mental development at this time. By the age often months, for example, the number of brain cells has been determined for life. There will not be another period of such rapid general growth until adolescence.

"Overnutrition, incidentally, can have effects similar, though opposite, to undernutrition. A good example is the fat cells. Too many fat cells are thought to be a major problem in obesity control (or the

lack of it). The two critical periods for fat cell growth are, predictably, early childhood and adolescence.

"Once cell division has ceased (the third stage), the effects of deficiencies and overfeeding are usually more temporary. A particular organ may be smaller or larger for a time, but an appropriate adjustment in food intake will normalize things again."

Dr. Richard Lopez of Florida International University (*St. Petersburg Independent*, September 14, 1979, Bob Rabin, Knight-Ridder Newspapers) says that those who have been overweight since childhood have a far more serious problem, because the body's fat cell production is greatest in the early years. He says, "Fat cells are very closely related to appetite. When you lose weight, you don't lose fat cells, you lose fat stored in them."

Many people with large numbers of fat cells are almost like alcoholics. They are foodaholics. Even faithful Hygienists with large numbers of fat cells may fight a continual losing battle. I know one such Hygienist who once fasted down to considerably below one-hundred pounds, but the obesity returned, inexorably, in spite of dedication and moderate eating. She continues to take twice yearly fasts, and to eat moderately, with only minimal progress. It may well be that no more can be done in such a situation, but no one should accept an impasse unless every avenue has been explored. Most situations can be improved—sometimes, all it takes is the determination to succeed, even when the odds are against you.

People who seem to be able to eat a great deal and never gain weight have faster rates of metabolism, which is probably determined by their genes. All raw food diets usually make weight control easier for most people. Addictive eaters may still gorge on all raw foods, but it is simply not possible to eat as much food when it is in its natural form—the very bulk of it is so filling. All-day-long snackers can still become obese on raw food—one should eat no more than two or three times daily.

Actually, the only way to improve one's health, or eventually achieve normal weight, is by healthful living. The fast only expedites the process, especially in its initial phases.

In those cases of obesity where fasting seems only to complicate the problem, the solution lies in motivation, mind control, and strict, uncompromising planning of an eating program that will produce a slight, gradual, but steady weight loss.

This usually requires a powerful incentive and complete commitment. It also requires a vocation, avocation, or pursuit that will effectively fill the days with the most interesting and enjoyable means of satisfying one's need for feeling productive and useful, and thus improving one's self-image.

It is a great idea to become involved in some cause, to commit one's self to a few deadlines which must be met, and thus end the preoccupation with food as life's best reward.

Regular, adequate and vigorous exercise is of the utmost importance, whether one is seeking improved health or a new figure. And all the other principles of Hygienic living, which we have repeatedly enumerated and emphasized, must be part of the daily program of living.

Fasting fanaticism is never successful in the long run. It may even produce pathological anorexia—loss of appetite, or inability to eat.

18. Diet Fanaticism

Diet fanaticism may also produce anorexia, or the same weight seesawing which is sometimes the result of fasting fanaticism. This has been called the "yo-yo" syndrome—lose some weight, gain it back—down-up—up-down. The combination of pathological and psychological problems that are thus created

can be very destructive.

Hundreds of reducing diets have been offered to the public over the years. Diet fanatics have tried them all. When reducing diets are tried and ultimately abandoned, it is frequently because they proved to be too difficult, too frustrating—or because they just didn't work. And the dieter wails, "I just don't have enough willpower!" Some of the dieters actually do slim down, some (rarely) permanently; and some temporarily, often seesawing between dieting and gorging.

But the dieters seldom give any thought to whether these diets may be inconsistent with their dietary needs, perhaps even dangerous. The repeated experimentation with diets that emphasize certain foods, and prohibit other foods which are necessary to health and well-being, do much damage. The foods prescribed are chosen for their weight-loss potential, with little regard for their other effects on the body. People may wind up with bodies that are unable to respond normally to the food that is taken, and unable to utilize necessary food elements.

18.1 The Only Safe and Correct Diets

The only correct diet for regular use is one that meets all the nutritional needs of the body in a rational manner, without threat or stress. The Hygienic food program does just that.

The only safe temporary therapeutic (or weight-loss) diets—other than correctly utilized total fasting periods—are the Hygienic elimination diets. Elimination diets are diets low in proteins and other concentrated foods, which cause the organism to accelerate the autolysis of toxins and fats (but never as efficiently as fasting on distilled water only).

18.2 Seventy Million Overweight Americans

Frost and Sullivan, Inc., a national market research company, noted that seventy million overweight Americans are willing to do almost anything to shed some weight; they use appetite suppressants, obesity prescriptions, reducing pills, diet books, mechanical devices, health spas and even surgery such as intestinal bypass operations, cutting of the vagus nerve, and gastric stapling.

18.3 High-Protein Diets

Many popular diets emphasize high protein. The high-protein diet may have a disastrous potential when utilized for long periods of time, whether used after a diagnosis of hypoglycemia (low blood sugar), or whether it is used in the mistaken belief that it is the best road to weight reduction or improved health.

The rationale of high-protein diets for weight loss is based on the fact that protein requires much more body energy for digestion and metabolism than it supplies. The danger lies in the fact that the end products of large amounts of protein, particularly flesh proteins, will result in degeneration of body tissues, producing liver, kidney and digestive disorders, as well as gout, arthritis, and other degenerative diseases.

Dr. Ralph Bircher-Benner, in an article in the September 1975 *Hygienic Review*, confirms these and other inevitable consequences of the overconsumption of protein, including hyperacidity, osteoporosis, dangerously high phenylalanine and tyrosine content in the blood, poor protein metabolism and irritation caused by uric acid. (Phenylalanine and tyrosine are amino acids, two of the building blocks of protein, excessive amounts of which are formed when protein is decomposed, as by putrefaction.)

Dr. Alec Burton, the brilliant Australian Hygienic doctor, says that the high-protein diet of seventy-five to one-hundred grams daily (or more) is beyond anyone's needs— or capacity to process without toxicity.

When protein is consumed in greater amounts than can be processed efficiently, the number of highly-toxic nitrogenous compounds are released. One such compound is ammonia; another is kinotoxin,

which, accumulating in the muscles, impairs working capacity and causes fatigue. In addition, high protein consumption results in excessive carbon and sulfur in the blood, which also causes complicated problems. Acid end products of protein, such as urea, uric acid, adenine, etc., beyond a certain normal range, cause tissue damage, degeneration and destruction.

Dr. Gerald Benesh says, "A study of physiology shows that all excessive and unnecessary protein is processed by the liver. It subsequently goes through numerous biochemical changes until it is finally excreted as ammonia and other end products of protein metabolism via the kidneys. This excessive load and additional biological function leads to enervation and eventually the breakdown of these vital organs.

"The liver has to cope with the heavy load of uric acid and urea which has to be buffered (neutralized) at the expense of the alkaline salts, leading to an unbalanced body chemistry and disordered cell and body function. This continued abuse, in time, leads to serious pathological conditions. Nephritis (inflammation of the kidneys) has been reported to result from a very high intake of animal protein." ("The Protein Question")

Research by Professor Uri Nikolayev of the prestigious Psychiatric Institute in Moscow has confirmed links between mental disturbances and protein derivatives, and studies at the Institute for Cancer Research demonstrate links between high-protein intake and cancer.

Dr. David J. Scott, of Cleveland, and Dr. Robert R. Gross, of Hyde Park, New York, who, among others, have researched this subject extensively, are convinced that the individual who resorts to high-protein diets for weight loss may wreck his health in the process.

18.4 What A High-Protein Diet Can Do

I know a lady, a registered nurse, who was on a high-protein diet for twenty-two months (including massive amounts of food supplements), after a diagnosis of hypoglycemia. She steadily grew worse on the high-protein diet, and developed more and more symptoms. She visited hospital emergency rooms, in severe pain, three times. Her intestinal tract was packed with feces and she was given repeated agonizing enemas. Her body and breath odor were unbearable.

From 1974 to 1976, her weight increased from 125 to 162 pounds. Her personality and mentality had deteriorated so much she was unable to think or make decisions or drive a car. She had been treated by many doctors, including those in the hospitals where she worked, and the emergency room doctors, but only one of them suggested she was taking too much protein.

One, of the doctors, a D.O. who was a specialist in nutrition and hypoglycemia, prescribed the following diet and supplements (high protein, no fruit):

7 a.m. 8 oz. milk with protein powder and brewer's yeast
8 a.m. 2 eggs, 1 slice toast, glass chocolate milk
10 a.m. glass milk with protein powder
Noon meat or fish with salad and vegetable
2 p.m. Milk with protein powder
5 p.m. meat or fish, salad, vegetable
8 p.m. milk with protein powder
10 p.m. milk with protein powder
plus B complex, 75 mg. 3 times daily
Vit. C., 1000mg 3 times daily
Vit. E, 400 units once daily
Dolomite, 2 tablets daily
All these were taken with more milk—she drank a gallon of milk daily.

By the end of March 1976, she realized that she had reached an impasse—a dead end. She remembered

she had read some books about Natural Hygiene in June 1973, but didn't believe what she read. But now, in desperation, she got them out and re-read them. They were *Fasting Can Save Your Life* and *Superior Nutrition* by Dr. Herbert M. Shelton and *The Mucusless Diet Healing System* by Arnold Ehret.

On April 1, 1976, she dumped all of the supplements and changed her regimen to a breakfast of fruit, a lunch of vegetables and a starch, and a supper of vegetables and a protein.

She went through six weeks of elimination and agony, but she did not give up. Then her energy started slowly to return. Her weight was down to 136 pounds. She was close to death at some points, but she made it back.

In the years since then, she has been able to function quite normally, though it is obvious that some irreversible damage was done by the twenty-two months of stuffing with protein and supplements.

She has been a dedicated Natural Hygienist since then, and has been reluctant to function in her profession as a registered nurse, since she no longer believes in the type of treatment she would be required to assist in implementing.

18.5 Low-Carbohydrate Diets

The "low-carbohydrate diet" is another name for a high-protein diet. Dr. Jean Mayer's (and Jeanne Goldberg's, R.D.) column, "Food for Thought," (*St. Petersburg Times*, June 24, 1982) says this diet is described as "historial," having been created more than 100 years ago by Dr. William Harvey, a British ear surgeon. The diet was immortalized by his patient, William Banting, who was delighted with his weight loss and wrote a best-seller, *Letter on Corpulence, Addressed to the Public*, in 1864.

Dr. Mayer (et al.) says, "Eventually it faded into obscurity, but the diet resurfaced around the turn of the century when the Earl of Salisbury's doctor used it to treat the Earl's weight problem. The basis of that diet was a big patty of chopped beef. It is, in fact, from this that Salisbury steak got its name.

"The low-carbohydrate diet resurfaced a third time in 1953, as the Dupont Diet, and has been with us continuously in literally countless variations since then. While it appears to be true that some people temporarily control their appetite—and thus lose weight—such diets are undesirable in the long run because they are generally higher in fat and may create a predisposition to high blood cholesterol and diseases of the heart and blood vessels."

18.6 The Atkins and Stillman Diets

The Stillman Diet (*Dr. Stillman's 14-Day Shape-Up Program*) and the Atkins Diet (*Dr. Atkins' Diet Revolution*) are variations of the high-protein, low-carbohydrate diets. Dr. Atkins advises using fats like heavy cream, butter, oils, etc. He calls his diet the "High-Fat, No-Carbohydrate Diet," though a very small amount of carbohydrates are permitted. Dr. Stillman, on the other hand, says the "high-fat" idea is all wrong, and calls his diet "High-Protein, Low-Fat, Low-Carbohydrate Combination."

Dr. Atkins recommends that "everyone should take vitamin and mineral supplements," and Dr. Stillman advocates the use of vitamin and mineral supplements "in optimum dosages."

Dr. Atkins' book has two paragraphs on exercise, one for hypoglycemics and one for "dieters who go astray." Dr. Stillman has a chapter on the benefits of exercise.

Both diets include all kinds of flesh foods and animal products, and permit condiments, coffee, tea, diet soda. Fruits are absent, and the use of vegetables is very small. Dr. Atkins says "no bread," Dr. Stillman permits "protein bread," toasted. Dr. Stillman permits alcoholic beverages, even wines in cooking.

18.7 The Scarsdale Diet

The Scarsdale Medical 14-Day Diet includes flesh foods, low-fat cheese, small amounts of fruit and

green vegetables, no fat, "protein bread," toasted, coffee, tea, diet soda, but no alcoholic beverages. Carrots and celery between meals, seasonings, and spices are permitted.

Dr. Scarsdale says that all the vitamins and minerals needed daily are found in the foods in the Scarsdale Medical Diet; and gives a list of the vitamins and minerals and the foods in which they are found.

Dr. Scarsdale recommends brisk walking at least two miles daily, as well as swimming, tennis or other sports.

The Scarsdale Diet is essentially a high-protein, low-carbohydrate diet.

18.8 The Beverly Hills Diet

The Beverly Hills Medical Diet (Lose Ten Pounds in Fourteen Days) uses flesh foods, but it is recommended that not more than four ounces of meat daily be used; also the use of less red meat and more poultry and fish is advocated, as well as the use of one ounce daily of fresh raw nuts and seeds. Nonfat dairy products and egg white are recommended. Wholegrains and legumes are also used.

The diet also includes generous amounts of fresh vegetables and moderate amounts of fresh fruits. The use of "complex carbohydrates" is recommended (unrefined carbohydrate foods). It is "thumbs down on all unnecessary fats (any kind)" and salt, sugar, and processed foods are to be omitted, as well. Spices are permitted, but not coffee, alcohol or tobacco.

The diet calls for high-vegetable, low-fat meals. Lemon juice or vinegar are to be used as salad dressing, and as many foods as possible are to be eaten raw. This diet permits "eating-all-the-time on permissible foods. Eat all day long and eat in between meals and when hungry from the special list of the raw complex carbohydrates. Carry them with you all day (raw vegetables)."

Dr. Stillman criticizes Dr. Atkins' high-fat diet, and Dr. Arnold Fox (Beverly Hills Diet) criticizes the Atkins and Scarsdale diets. Each believes his is the miracle diet.

Dr. Fox says that the low-carbohydrate, high-protein diet causes bodily harm, such as calcium depletion, dehydration, sleeplessness, nausea, fatigue, atherosclerosis, gout, hypoglycemia, vascular, thrombosis, liver and gall bladder diseases, hypertension, cancer of the colon and breast, cardiac arrhythmia, postural hypotension and coronary heart disease, and says he does "mean to scare you."

The Beverly Hills diet is better than the high-protein, low-carbohydrate diets criticized by Dr. Fox, principally because it advocates the use of large amounts of raw fresh vegetables, and allows moderate amounts of raw fresh fruit. But the all-day-long eating plan (no rest for the digestive system) can result in a lot of damage if continued for long periods. And the generous use of dairy products and egg white, the use of vinegar and spices, and the daily use of flesh foods, will also eventually cause problems.

Dr. Fox recommends "wogging" for exercises—walk a bit, jog a bit, a minimum of thirty minutes, four days a week, and advocates the use of vitamin and mineral supplements.

18.9 The Pritikin Diet

This diet includes two kinds of whole grain foods daily, bran, beans, peas, potatoes, sweet potatoes, and a variety of vegetables and fruits. For vitamin B-12 it calls for six ounces of low-fat animal protein per week (or unwashed, unpolluted produce) or vitamin B-12 supplements. In addition to three full meals daily, the diet provides for snacking between meals: "Don't go hungry between meals." Spices are permitted, but not coffee, alcohol, or tobacco.

This is a vegetarian (or almost vegetarian) diet, but the good "track record" of the Pritikin Program is due more to the excellent exercise program than to the diet. Hygienists, of course, find the preoccupation with vitamin B-12 unnecessary, and find the frequent snacking inadvisable, giving the digestive system inadequate time to process the previous meal before ingesting more food.

18.10 Weight-Watchers

The popular Weight-Watchers Diet is essentially a low-carbohydrate, high-protein diet, which has been more or less successful, due to a great extent to its methodology—group supportiveness, public approval for accomplishment, and public disapproval for backsliders. Techniques for changing habits and self-control are also provided.

Liver, steak, veal, pork, turkey, chicken, frankfurters, fish, shrimp, salmon, tuna, sardines, eggs, and cheese are used for protein. They say "buy meat as lean as possible" and allow ten to twelve ounces of meat, fish, cheese, and eggs daily (a little more for men).

Three full meals and two snacks are permitted. A choice of cereal, bread, or potatoes is offered at meals. Two pieces of fruit daily are allowed, as well as generous amounts of nonstarchy vegetables.

They recommend using as little coffee and tea as possible, especially if it disturbs sleep, and consider the use of alcohol inadvisable. Nothing is said about seasonings, except for the role of salt in the retention of fluids in the body.

"Increased activity" is advocated, and emphasis is accorded the fact that the value of exercise "goes far beyond its impact on weight—improving the health of the heart and circulatory system, the general health, and the state of mind."

18.11 The Last Chance Diet

I am not sure whether the Last Chance Diet should be considered as "Fasting Fanaticism" or "Diet Fanaticism." Though it was not a true fast, the participants really received no food.

The only "food" ingested was a so-called "predigested liquid-protein formula" (a dark, syrupy liquid made from uncured cowhide, beef tendon, and artificial flavoring) which was said to contain all the amino acids (the building blocks of protein), no carbohydrates or fats, and very few calories. Vitamin pills, coffee, tea, and diet soda were also used, as well as drugs, depending upon the doctor's discretion.

In 1977, this "diet" was highly touted in the press and on television as a revolutionary, effective, safe way to deal with obesity. Individuals on this diet received no solid food for the duration (up to nine months), usually under the supervision of a medical doctor (although the liquid was also available in health food stores).

In November of 1977, twenty-six deaths of these dieters were reported, including the death of the wife of a specialist in internal medicine, commandant of the Air Force Base Hospital near Tampa, Florida.

The author of The Last Chance Diet, Dr. Robert Linn, a forty-three-year-old osteopath (whose diet book sold two million copies), convinced many people that this method of weight reduction was superior to another method which had been gaining recognition—a total fast, under qualified supervision, of usually a much shorter length of time, during which nothing but water is ingested—a Hygienic fast.

A Hygienic fast relies on the body's own indications that reserves are becoming depleted, so that the fast is terminated long before approaching any danger point.

Long before we began to get reports of deaths of people on "The Last Chance Diet," I alerted people to its dangers. Since, under the Last Chance Diet, the body is always receiving liquid protein, stimulants and medication, how can it ever be able to alert one with reliable signals that it has reached the time to call a halt?

Advocates of the Last Chance Diet still deny there is any proof that their product, "predigested liquid protein," caused the deaths. Dr. William H. Foege, director of the Center for Disease Control at Atlanta, Georgia, made a concentrated investigation of the cases of fifteen women on this diet who died suddenly of heart-related causes.

Each of the deaths was sudden and involved a person using a liquid-protein diet exclusively for a long

period of time.

The deaths were attributed to ventricular fibrillation, in which the heart beats wildly and does not pump blood, but the cause of the irregular heartbeat is unknown. Dr. Foege said the fifteen women had dieted for an average of five months and had lost an average of eighty-three pounds. Twelve of the fifteen were under medical supervision. Foege concluded "there is a definite risk in using the product." (From a United Press International dispatch, *St. Petersburg Times*, January 5, 1978.)

Actually, it is not necessarily only the product, per se, that should be suspect, but the methodology as well.

18.12 Starch Blockers

What about the "new and revolutionary" starch blocker tablets that "have swept the country in recent months," according to a news article? (*St. Petersburg Times*, Jane Brody, p. 1A, July 2, 1982.)

The ballyhoo claimed that doctors had confirmed that they are perfectly safe. One can eat high-caloried starch foods without paying the price in weight gain, because the starch blockers act to prevent digestion and assimilation of the starch, which passes through the digestive tract relatively unchanged, much as does fiber or roughage.

It sounded plausible, but even though I had no means of disproving these claims, I would not dream of recommending such a product. I knew that, ultimately, it would be discovered that such unnatural interference with digestive processes would exact a price. It seemed to me that—since large amounts of roughage, such as are found in bran, inhibit absorption of minerals—this would very likely be true of starch which is eaten and not absorbed, but disposed of as unusable. And, I thought, "who knows what additional side-effects or problems would eventually be discovered?" A few days after I wrote the above comments about the starch stopper tablets, I heard on a newsbreak (at 9 pm on WEDU, Channel 3, Tampa, Florida, July 1, 1982) that the F.D.A. had announced that the starch blockers are untested and probably unsafe, and ordered them off the market. Some complaints of nausea, vomiting, diarrhea, and stomach pains after their use had surfaced. The F.D.A. was also investigating five emergency room hospitalizations that had been linked to the use of starch blockers.

As of two days later (July 3, 1982) the starch blockers were still being offered on TV, and the TV evening news said "they're selling like hot cakes." In the St. Petersburg Times, July 5, 1982, the American Medical Clinics, Inc., with branches in St. Petersburg, Seminole, Holiday, and Hudson (Florida), advertised, "Join now and receive one week free plus twenty-five free starch blockers—lose up to a pound a day. We're the proven, professional weight-loss method."

Jane Brody says, "The starch blockers are extracts of raw beans, usually kidney beans. They are said to contain a substance that inhibits the enzyme amylase which digests starch in the body. Consumers are told to take a certain number of tablets before eating starch-laden foods, such as bread, potatoes, pasta, rice, and beans. The pills are marketed under many different brand names and prices range from five dollars to twenty dollars for fifty tablets. By one estimate, in the course of a week, Americans are now swallowing more than ten million such tablets. Nutrition experts have reported that if the tablets work as described, they would result in large amounts of undigested starch reaching the large intestine. Intestinal bacteria could then digest the starch and produce flatulence, abdominal cramps, and diarrhea.

Manufacturers have been marketing starch blockers without federal approval under the presumption that, as an extract of beans, they were a food, not a drug. However, the drug agency said that, regardless of their source, starch blockers 'may affect the body's normal metabolic functions' and thus have drug-like effects."

A substance is classified as a drug if it is used for a nonfood purpose, and if it alters a body function. The manufacturers have refused specific information about the exact composition of the product, and no adequate effectiveness or safely data have been supplied.

18.13 Sucrose Polyester

July 15, 1982—The evening news reported another "breakthrough" (WFLA-TV, Tampa, 6:30 and WTVT-TV, Tampa, 7:00). "Sucrose polyester" is a fake fat that looks, tastes, and smells like vegetable fat. It can be used as a spread for bread, or for cooking, or for any purpose for which butter or vegetable fat might be used. It was said that one could save 500-600 calories daily by using it. No one said exactly what is in sucrose polyester, but it was described as a synthetic substance.

It is to be treated as a prescription drug, subject to approval by the F.D.A. Procter and Gamble holds the patent on the fake fat, and they expect to market the substance as soon as it is approved by the F.D.A.

Another miracle! (But don't count on it!)

18.14 The Golden Door

The Golden Door, a fabulously expensive health spa in California, uses a 579-calorie, one-day liquid diet, which they say can help take off some extra weight while refreshing the body and mind. It is used principally to start off a diet week. They warn: this liquid diet should not be followed for more than one day, and it is advisable to see your doctor before following this one-day diet or any other liquid "fast" or reducing program.

The ingredients of the liquid sound fine: fruits, vegetables, and nuts. But they are poorly combined; e.g. nuts are liquified with banana, vanilla, and nutmeg; pineapple is combined with cucumber and parsley; and raw onion is used in a vegetable combination drink. Four of the drinks are supplemented with one-third ounce of sunflower seeds and three or four pine nuts.

I seriously doubt whether this one-day liquid diet would produce any significant weight loss or other beneficial result. In any event, a better choice for a one-day preparation for a diet would be a thirty-six hour fast, or a day on whole fruit only, or a day on one kind of freshly-squeezed fruit juice.

18.15 Plastic Coating

A recent issue of *Healthful Living* (June 1982) described a new diet drink which performs its miracles by plastic coating the digestive tract to block absorption of food, believe it or not! It contains flavored fluorocarbons, which are the synthetic substances that give paints and plastics their coating power. The inventor believes the F.D.A. will give its approval.

18.16 Cambridge Diet

A question to Ann Landers (*St. Petersburg Times*, June 26, 1982) about the Cambridge Liquid Diet, on which an overweight girl was losing a pound a day, elicited the following response: "I do not know what the Cambridge Liquid Diet is....I know of several liquid diets that have caused a great many problems—such as serious skin rashes, fainting spells, respiratory trouble and the loss of hair and fingernails."

By contrast, supervised fasting, even for long periods, results in strengthening and hardening of the fingernails. This is due to the wisdom of the body when external supplies are temporarily unavailable, producing increased efficiency in the distribution of available nutrients. More details of this interesting phenomenon, and many others, will be provided in the lessons about fasting.

18.17 Staple In the Ear

Another relatively new weight-loss system is the staple in the ear, which some claim is successful and others have found useless. What are the side-effects and negative results likely to be—as a result of blocking natural stimuli?

18.18 Appetite Suppressants

All kinds of appetite suppressants are offered: Ayds candy, Dexatrim pills, Figurines bars, prescription drugs, etc. Needless to say, they are all harmful drugs.

18.19 How Ridiculous Can You Get?

I have not discussed some of the more ridiculous diets, like the egg diet (eating nothing but eggs for a week or so): skim milk and bananas; steak and eggs and tomatoes; cabbage soup and rice; the grapefruit diet; eating a half grapefruit before every meal "because it will reduce the weight-gain potential of other foods;" the high-calorie, weight-loss diet; the protein-sparing modified fast: eat nothing but about nine to ten ounces of meat or fish per day, plus supplements, coffee, tea, and diet soda; eat all you want of one or two foods.

Most of these have one thing in common, they reduce calories in a gimmicky way, and one learns it is possible to lose ten pounds in two weeks eating almost any crazy combination of foods, as long as calories are drastically reduced. But what happens afterwards? Back to the old yoyo syndrome!

18.20 I Have Made My Point

It would be a losing battle to try to research and describe all of the diets and weight-loss modalities which crowd the marketplace and compete for the dollars of the gullible. Although I have merely "scratched the surface," I believe I have made my point.

Magic formulae all eventually turn out to be wolves in sheep's clothing, but rational living and intelligent diet planning, working with nature, instead of trying to outwit her, never become obsolete.

19. Bulimia

One pernicious result of diet fanaticism is a binge-and-purge eating disorder, called bulimia or bulimorexia (obsession with eating, but with a compulsion to be thin). It may start after a period of stringent dieting, subsequently degenerating into alternate dieting and binging. The person may eat up to 40,000 calories (or even more) in a couple of hours.

One lady described a typical binge: a couple of Burger Queen, burgers with French fries; then a repeat at McDonald's; followed by a dozen doughnuts at the doughnut shop; a couple of sundaes at Dairy Queen; then home to raid the refrigerator; after which she throws up all of it.

In the earlier stages, the vomiting is self-induced, but it later becomes involuntary. Bulimics may eat and throw up ten times in one day. Some bulimics take large amounts of laxatives and/or diuretics every day to prevent weight gain, or simply to relieve pain after the binge. They may starve themselves for a couple days afterward.

Eventually, the bulimia is so uncontrollable that every time they start to eat, it turns into a binge. It controls them completely. They are no longer doing it for the enjoyment of eating, or thinking about weight control, but because they can't help themselves. It develops to a point where it is a physical addiction in addition to a psychological disorder.

It becomes very, very dangerous, and can result in metabolic alkalosis, a destruction of the body's ability to maintain its acid-alkaline balance. It can damage the liver and kidneys, and can be life-threatening. The constant eating (food in their mouths for hours at a time) also results in tooth decay.

This disorder was discussed on the Phil Donahue Show, WTSP, Channel 10, Tampa, on June 28, 1982.

Most bulimics are women, only 5% are men. Most bulimics look normal and are not significantly overweight or underweight, but food has become their total preoccupation, and they spend six to eight hours a day in its involvement. A bulimic usually binges and purges in secret, and they have been said to spend as much as several hundred dollars on food in one weekend.

This behavior is epidemic in colleges; up to 30% of college students practice some form of bulimia, according lo the 20/20 TV program on July 1, 1982.

It is also common among dancers and actresses (very few men are bulimics). Actress Jane Fonda admitted to having been a bulimic for years. She said the more you do it, the more you need to do it. She said as she grew older and realized what she was doing to herself, she was determined to stop. It took her sixteen years to break the pattern. She accomplished it by the use of willpower and exercise.

Both anorexia and bulimia are severe and dangerous eating disorders.

20. A Rational System Of Weight Control

Most of the people who are concerned about their weight need not necessarily fast, nor should they use any of the legion of "reducing diets" or "systems" that are offered from all sides.

For most people, the Hygienic diet itself is a rational system of weight control. It provides complete and optimal nutrition, with the least expenditure or waste of bodily energy—and without the surfeit or redundancy that gluts the organism and produces obesity and disease.

When a nutritionally-superior diet is maintained, the weight of the body tends to normalize. There is built-in weight control in a food program which includes a large percentage of fresh, whole, uncooked vegetables and fruits; Such a vitamin- and mineral-rich, high-residue, fibrous diet is not nearly as conducive to overeating as the conventional diets.

It may be worthy of note that, of the various programs which have been offered to the public, those which have been either harmless or least harmful, and have "enjoyed" even a modicum of success are those which include fresh fruits, fresh vegetables, and exercise in the regimen, and thus begin to approach the Hygienic system.

20. Heroic Methods For Compulsive Eaters

In view of the pitfalls encountered by compulsive eaters who manage to overeat and gain weight even on such a superior food program, heroic methods must be devised to help them. It is hoped that the suggestions outlined in this lesson will prove successful.

This lesson contains an excellent article by Dr. Bass, giving specific ideas for developing willpower,

mind control, and new habits.

20.1 Surgery for Obesity

Overeaters can be saved from suffering and disease. The misguided individuals who resort to cutting the vagus nerve, intestinal bypass surgery, or gastric stapling because they believe the Hygienic system and self-discipline are too difficult, will have a rude awakening. Their "easy way out" will prove to be their complete undoing.

In addition to the obvious insult to the organism by the surgery (and these are major abdominal surgical procedures), the side effects and problems that usually follow are even worse. And to add further "insult to injury"—these procedures are often no more "successful" than other "panaceas" for weight control.

"Many experts now feel that operations for obesity (such as intestinal bypass surgery) are not worth doing, because of the side effects and problems that usually ensue. A recent review by the Ottawa (Canada) School of Medicine suggests that the failure rate for gastric stapling may approach 50%. Furthermore, early results can sometimes be misleading. While there may be a sudden and dramatic initial weight loss, many patients find ways of regaining the lost weight, even though the stomach capacity has been reduced. In short, gastric stapling is still regarded by many as 'experimental'—at least until we obtain more long-term follow-up data on its effectiveness and possible side effects." (G. Timothy Johnson, M.D., "House Call," *Suncoast News*, 1/6/82.)

20.2 Overeaters Anonymous

So we are back to controlling the body by learning control of the mind. The easy ways out are dangerous myths. Those who are determined to succeed *will* succeed. They *must* succeed. The alternatives are too grim to contemplate.

"Overeaters Anonymous" has helped many people. Those who can't make it on their own should enlist their help. Be sure to read the inspirational article in this lesson entitled "Help—I Can't Stop Eating." The author is now a "truly high-quality vegetarian"—a vegan—and says in part: "Because we have come to believe that most of the fat is between our ears, the (Overeaters Anonymous) program works to help change our thinking, so that we no longer want to overeat. That's the beauty of it; it's the miracle every compulsive eater has long dreamed of, to eat all he/she wants and maintain a normal weight. It is only possible when all you truly desire is a normal amount of food."

The article tells how to reach a group nearby, or, for those in isolated areas, the same things can be accomplished by "loner kits" and mail sponsors.

22. Knowledge And Wisdom

Overeating, fasting fanaticism, and diet fanaticism have physical and physiological overtones, but they can be controlled in the mind. The first and best tool is knowledge.

Dr. Keki Sidhwa says, "The study of Natural Hygiene may be viewed as a journey—a journey from knowledge to wisdom." He says that when you apply Natural Hygiene to your life, health and wholesomeness emerge, though it may take time. Ultimately, the supreme experience of wisdom comes to possess us, transforming us, so we may, in our turn, transform the world.

22. Epilogue

It is generally believed that, as long as an individual is in health, or apparently so, he is not injured by habitually eating more than is really necessary for the healthy nourishment of his body, but this opinion is utterly and dangerously false. It is, indeed, one of the most mischievous errors entertained by the human mind. For there is nothing in nature more true, more certain, than these propositions: that all vital action is necessarily attended with some expenditure of vital power, and draws something from the ultimate fund of life; and therefore all excessive vital action, all intensity of vital action, increases the expenditure of vital power, and necessarily abbreviates the duration of human life; and consequently, however long the vital economy of any human body may be able to preserve the general balance of action, between the composing and decomposing elements, and maintain a general health of the system under excessive alimentation, yet nothing is more certain than that, just in proportion as the alimentation has exceeded the real healthy wants of the vital economy, and thus caused an unnecessary Expenditure of vital power, life has been abbreviated—even though the individual dies from what is called old age, without a single violent symptom of disease. The error of opinion on this subject is common and mischievous; and the truth should be presented in its strongest light.

But we have as yet only presented the subject and contemplated it in its most favourable aspect. The case I have presented is a very extraordinary one. As a matter of fact, very few indeed who have constantly overnourished their bodies do die from old age, but as a rule they die from painful and exhausting diseases long before that period is reached. Millions of human beings perish by disease, in all periods of life, from excessive alimentation or overeating. Generally, they are cut off by disease long before they have lived out their lives, and often prematurely. And the chief cause of all such death is, I must insist, overeating.

This can readily be proved....Overeating is the chief cause of all diseases; and disease shortens and destroys life. Of that there can be no question. But even if no adventitious cause comes in to induce sudden and violent death, either local or general, the continued overworking of the system will almost inevitably exhaust, debilitate, and relax some particular organ, and so destroy the balance of action in the vital economy, and thus gradually lead to chronic disease. Adipose tissue is deposited in various parts of the body—causing ruptures of the heart and the blood vessels, and hence premature death.

It is therefore true, beyond all question, that in all countries where human aliment is abundant and easily procured, gluttony or excessive alimentation is decidedly the greatest source of disease and suffering and premature death known to man.

—Hereward Carrington, *The Natural Food of Man*, pp. 266-268

23. Questions & Answers

If we are to eat only when truly hungry, and should not eat late in the evening, how do we resolve a conflict between these two principles?

> The principle preoccupation should be the correction of the habit of overeating (or of eating undesirable foods). If the day's program prevents taking meals at customary times, or if you are simply not hungry when the meals are served, and then find yourself with a compelling desire for food during the evening, it would seem best to satisfy your appetite with a fruit

meal, which may leave the stomach in a half hour or an hour, depending on the varieties eaten. I sometimes do this when I am away from home during the day, do not wish to eat the food that is available, and prefer to wait to eat my good fruit meal at home.

Winston Churchill was a famous gourmand and cigar smoker, yet he lived past the age of 90. How do you explain this?

The first and more important fact that determines our longevity is our heredity—our genes. Winston Churchill's long life was not due to his gormandizing and cigar smoking—it was in spite of it. If a man with such genes were to live correctly, who knows how long he could have lived?

I would like more details about "homeostasis," so I may better understand its meaning.

Dr. Walter B. Cannon, renowned professor of physiology at Harvard University, wrote a book (*The Wisdom of the Body*) in 1932, summarizing and demonstrating the fixity of the internal environment. In this book, he coined the word now generally used to describe the state produced by the constant adjustments made by the healthy body: *homeostasis*, derived from the Greek words that mean *staying the same*. The dictionary definition of homeostasis is "a state of physiological equilibrium produced by a balance of functions and of chemical composition within an organism." Dr. Cannon described the intricate sequences by which the healthy body regulates and integrates its functions to maintain the stability of the internal environment within narrow limits of variation. Such vital matters as oxygen, blood pressure, mineral salts, body temperature, composition of body fluids and the blood sugar level all remain relatively constant. When all the homeostatic mechanisms are functioning efficiently, every challenge to the body is handled in such a fashion as to prevent disease and permit continuous functioning.

I have a good appetite, and I know I overeat. In fact, I usually have an uncomfortable feeling of being too full after a meal. Yet I don't gain an ounce. I would like to gain about ten pounds, as I am too thin.

Some people can eat a lot of food and not gain weight. It is a question of the rate of metabolism. However, in your case, the very fact that you are overeating may be what is preventing weight gain. The body is unable to cope with the large quantities of food, and, as a result, much of it is not converted by the digestive system into assimilable substances. If eating more rationally (stopping before you feel so full) does not result in the desired weight gain, you might try a short fast of three days or so, or even a seven- to ten-day supervised fast (if a professional Hygienist determines this is advisable). Oftentimes the fast improves the assimilation capabilities of the body, and the individual gains weight. Also, are you exercising? An adequate, vigorous exercise program is important in improving the efficiency of the metabolism of food.

Finally, perhaps you are trying to stuff yourself in an effort to gain weight. It may be that being ten pounds below what you consider your ideal weight is what your body has determined is the best weight for you at the present time. The important question is, how do you feel? Stop stuffing yourself, and then see what happens. If you do not lose weight, and feel well, stop worrying about it. Weight is an individual matter. If you stay on a Hygienic diet, and eat rationally, sometimes the problem adjusts itself.

After my 29-day fast, it took a year for me to get up to about 95 pounds (from my fasting low weight of 68 pounds), and then I stopped gaining. I stayed on a Hygienic Program, and tried to forget about my thin appearance. I really needed ten additional pounds to look my

best. About two years later, my weight increased to around 100 pounds, for no apparent reason. Obviously, my assimilation has improved. About five years later, I experiehced another five-pound weight gain to around 105 pounds, my present weight, which I have maintained for years. If I fast, I lose some weight, but it comes back to around 105 when I get back to eating regularly. Sometimes, in periods of high stress, like meeting unrealistic deadlines, or American Natural Hygiene Society Conventions, my weight drops several pounds, but gets back to about 105 when things return to normal.

I have read that most adults need 1800 to 2500 calories (or some even more) per day to maintain their weight, and that it lakes 3500 accumulated calories to gain or lose a pound. How many calories per day do you recommend?

The effort to standardize calorie consumption is a fallacious notion. I can only say that these amounts are often much more than is needed; and the measurement of weight loss or gain in terms of 3500 calories per pound often proves to be inconsistent when put to the test. Even though many of the charts provide for differences in sex, height, size of frame, and rate of activity, there are other differences that influence food requirements. Since every person has his own rate of metabolism, efforts to standardize in terms of calories are frequently inaccurate. If one is trying to lose weight, it is useful to determine high-caloried foods, so that excessive quantities of those foods are not used. If we are discussing Hygienic eating programs only, there is usually no need to be concerned about calories. A diet of all raw or mostly raw foods would ordinarily not contain the number of calories listed in the charts as the daily requirements, unless inordinate amounts of food were taken at meals or unless the person were a habitual snacker. Hygienic eating and living produce gradual improvement in metabolism and assimilation. The initial result of changing to a Hygienic program is usually a weight loss, followed by a leveling off, which continues for varying periods of time, after which, due to improvement in assimilation, weight can be maintained on lesser quantities of food.

Article #1: It's All In the State of Mind By Walter D. Wintle

If you think you are beaten, you are,
If you think that you dare not, you don't,
If you'd like to win, but you think you can't,
It's almost certain you won't.
If you think you'll lose, you've lost,
For out in the world you'll find
Success begins with a fellow's will—
It's all in the state of mind.

Full many a race is lost
ere even a step is run,
And many a coward falls
ere even his work's begun,

Think big, and your deeds will grow;

Think small, and you'll fall behind;
Think that you can, and you will—
It's all in the state of mind.

If you think you are out-classed, you are;
You've got to think high to rise;
You've got to be sure of yourself before
You ever can win a prize,
Life's battles don't always go
To the stronger or faster man;
But soon or late the man who wins
Is the man who thinks he can.

Article #2: How To Make Yourself Over by Self-Programming

How to Resculpture Your Thoughts, Behavior, and Character

The moments just before falling asleep are important to every person. They contain latent power to transform one's mental, moral and physical existence in an effective manner which, if properly utilized, may gradually alter one's external environment and one's internal character for the better. Even more important, one may use the potential power of these moments to alter his consciousness.

This exercise is done at night while lying in bed and before going to sleep. After making oneself comfortable and while lying on the back, one begins to construct scenes in which you permit yourself to become emotionally involved with your behavior on the projected screen.

To break an undesirable habit which is upsetting your life, taking compulsive overeating as an example, you begin in a manner similar to the following.

You see yourself sitting down at a table to eat a meal containing the foods you normally eat. If the table has dishes which you have found irresistible up to now, you see yourself eating the desired amount of each and then putting each dish away to go on to the next. If you want to give up the article of diet entirely, and if the food is cake or ice cream, you see yourself being offered the dish which you immediately refuse without hesitation and with strong determination. You should tell yourself that you are through with this food forever and that you even dislike it and will never desire it anymore. Feel the strong dislike and intensity of your determination as you reject these undesired articles of diet. See yourself taking another food instead which is desirable in helping you reach your goal. If you want to learn to eat a food which is good for you, but which you don't like, then feel and see yourself eating and liking it. Instead of the cake you take an apple, for example, or if you prefer, you get up from the table, tell yourself you are satisfied to end the meal here and see yourself sitting down in a comfortable chair away from the table. If you wish, visualize yourself taking a walk, or doing anything that will distract your mind from food. Try to make these scenes as vivid and realistic as though they were actually happening. The key here is to feel that you strongly desire the good act and that you strongly dislike the one you wish to give up.

The sharply-focused clearness and constant intensity of the images you produce will imprint themselves or your consciousness as you remain in this relaxed state. Choose images which are vivid and don't

allow them to become vague and dreamy. For best results, the imagination should be powerful, for here you are using imagination to make yourself over completely. This should be supported by a firm faith, secure feeling and confidence that success will follow your efforts. These suggestions should be repeated over and over with the clear visualization of success being achieved. These repetitions are to be perservered in until you reach your final goal—that of eliminating a bad habit and replacing it with a good one.

Article #3: Say Goodbye To Compulsive Eating by Mehl McDowell, M.D.

The therapeutic breakthrough came when I was searching for a clear-cut, easily definable dietary rule that would simplify weight control. I needed a rule which would be healthy, easy to live by and readily taught by behavior therapy techniques.

The rule I selected to try was the complete avoidance of all foods containing refined sugar or white flour. Using the habit-retraining techniques with which I was familiar, I programmed my willing weight control patients to dislike the sugar-flour foods and completely eliminate them from their eating style.

Now the great surprise—the breakthrough—surfaced when patient after patient came to me following several days of eating a diet free of all sugar and white flour and joyfully reported that the irresistible cravings had disappeared.

Their irresistible cravings could now be understood as the typical cravings of addicts. The mysterious urges stemmed from the cyclic, biochemical processes of addiction.

Occasionally, a patient will report irresistible cravings for some other food not in the sugar-white flour group.

But the establishment of total abstinence from the foods identified as the culprits is only the *first* phase in eliminating the addictive-like, irresistible cravings for those foods. The second phase is extinguishing the *conditioned response cravings* for those foods.

How do I eliminate these conditioned response cravings in the case of sugar-white flour addicts? I use the term "glue" and "glue" foods" to mean all foods containing any highly refined sugar or flour.

If a patient has a desire for a dish of chocolate ice cream, for instance, I instruct him to immediately picture that ice cream "glued" into disgusting fat deposits on his abdomen. This picturing takes place while the patient is in an altered state of consciousness, such as that of deep relaxation, meditation or hypnosis. With sufficient repetition of such imaginary scenes, this "disgust" feeling becomes associated with that type of food in real life encounters.

The patient is further instructed to deliberately and instantly, throughout his waking life, react to every real life reminder of his enemy foods with this strong vivid disgust response. He then immediately rewards himself with a sense of being in control, "captain of my ship" and anticipating his trim self-image.

This use of an interference response coupled with disgust, and then immediately followed by a reward for deliberately feeling negative toward the enemy foods, has proven of great value in preventing relapse. We call that our "instant yuk" technique. It only takes a couple of seconds and it can be repeated for years.

Once the addiction is under control, it becomes much easier to retrain such fattening habits as eating too

fast, eating until too full, and frequent snacking. it appears that these habits are fueled by the presence of addictive cravings. They fall away readily after the fire of cravings is extinguished.

Also, many patients find that they no longer have the habit of eating when under psychological and emotional stress. The cravings of an addicted person, regardless of the substance of his addiction, are regularly mobilized when the individual is in an excited state—when he is "turned on" by any challenging stress, joy, anger, anxiety, tense depression, tense boredom, etc.

Most patients who have successfully extinguished their addictive state, including their conditioned cravings, do not have a flare-up of their cravings under such psychological and emotional stress conditions.

These successful ex-addicts are frequently surprised and pleased to find that they are not as weak, insecure and neurotically self-destructive as they believed they were during their addictive period.

Since this therapeutic approach eliminates major sources of former eating pleasure, the treatment must stress that a successful outcome is a gain and not a deprivation.

Article #4: Well! You Wanted to Know by Vivian V. Vetrano

How often should one fast to counteract bad foods that were eaten? Is it better to fast one day per week, or three days per month, or what way is the most beneficial for maximum health?

> First of all, one should not eat foods that are refined or that are not wholesome. If you happen to be in a situation that causes you to eat unwholesome substances then, of course, one has to do something to counter the detrimental effects of his or her misbehavior. There are several ways one may counter misbehavior. You may use one method, or either of them, according to the situation. After you have had a binge, you will be in high gear (stimulated for about a day), until the body has eliminated the poisons. You may not feel bad until the second day after the binge. In this case it is wise, especially if you have eaten refined products, to eat a salad at each meal, containing a great deal of lettuce, the day after the binge. Then the second day after the binge you may fast, for that is the day you are going to be in low gear. That is, you will feel miserable and tired from having been stimulated by the unwholesome substances. It will help to be able to stay at home and rest completely while fasting, the second day after the binge.
>
> Some people have their low the very next day after a binge. It is very similar to a hangover. They feel tired, out of sorts, depressed and their aches and pains, if they were suffering with any disease, will be worse. If your low comes the very next day, it is best to fast at this time and rest, for if you don't, having had junk food and not being very hungry and tired to boot, you will tend to go to junk food again to stimulate yourself to get through a completely terrible day. If you have a tendency to repeat the act, then it is best to cease eating altogether and rest and fast the very next day after the wrongful thing you have done to your beautiful organism.
>
> If you are eating bad foods all the time, you must not fast every other day, or even two or three times a week. You must not fast to counter this situation. You will keep yourself in a hungry state all the time and because you refuse to let yourself eat good food but continue

trying to force yourself to fast, each time you misbehave, you will set up a cycle of being hungry because you won't let yourself eat good food and you will always go out and binge. This is a similar situation to people who have a hard time losing weight. They can't lose weight while eating Hygienically when eating fruits so they deny themselves nice juicy sweet fruits only to get a carbohydrate hunger; so they go out and eat candy and other refined carbohydrates. Whereas, if they had permitted themselves a little bit of fruit, and fasted one day a week, they would lose weight, and would be preventing themselves from the cycle of binging on sweets.

if you get into the habit of eating poisoned and refined foods often and think you can undo the evils of this way of life by fasting, you are mistaken. Even though you may fast to help eliminate the poison, your body has done double work. It has to expend energy trying to digest the poisonous substances. Then it has to expend energy to eliminate the poisons. It has lost minerals and vitamins in both processes. The fast itself causes an extra expenditure of energy because of the extra work it has to do to compensate for the binge. The grand total is negative and equals enervation and a loss of reserves.

It is really a bad policy to think you can overcome the effects of wrong living by fasting. Even though the body can overcome many of the detrimental effects, normal cells are destroyed in the process and the end result is still negative. You cannot build positive vibrant health in this manner.

For maximum health one does not have to fast unless injured or unless there is an acute crisis of some sort. If you live genuinely Hygienically, all you need, because of a polluted environment, is a once a year rest and "tune-up" fast of about eight to fourteen days. If you live in the country, away from all types of pollution, you may not require a fast of that length.

Fasting one day a week may be too much for some people. They may not be able to gain weight, or muscle by fasting this often. Fasting three days a month, for no reason at all, is not necessary. Fasting should be used instinctively. When your hunger is absent, fast. As long as hunger is present and there is no biogony or physical or mental problem then there is no reason to fast. Just live *Hygienically*.

What about the most efficient cleanser to use daily—intestinal cleanser, yeast cakes, or granulated yeast, juice, lemon juice with salt water, vinegar and maple syrup and cayenne mixture?

You don't need an intestinal cleanser or otherwise. The lining of the entire gastrointestinal tract is self-cleansing. The mucous membrane, from the mouth to the anus, contains what are known as goblet cells. When filled with mucus these cells look like goblets. Their purpose is to secrete the mucus to keep the lining of our food tube moist and clean. Debris does not collect inside the intestinal tract because the mucus keeps the surface slippery, and peristalsis keeps the food waste moving along toward the anus, where it is voided.

Pay no attention to the sales pitch for colonics and intestinal cleanser, for our intestines are self-cleaning and crusts can't accumulate in the intestines. All of the substances that are considered cleaners are in reality dirtiers. They are not foods and do not belong in the intestinal tract where they may be absorbed and dirty the system. Salt is a poison; yeast cakes and granulated yeast are not digestible and are harmful; vinegar has acetic acid and alcohol in it which are poisons; maple syrup is a cooked product and not good for you; and cayenne pepper is a poison that damages the liver and kidneys and irritates all the tissues with which it comes in contact. The only substance that is not poisonous is lemon juice, but

since foods don't cleanse the living organism, that is, the living organism alone cleanses itself, why fool yourself?

Don't eat bulkless substances. Just eat natural fresh fruits, vegetables and nuts and your intestinal tract will always be clean.

Article #5: Why I Don't Fast To Lose Weight By Marti Fry

I have a tendency to overeat because I, like so many others, greatly enjoy eating. I find it difficult to consistently control myself when it comes to how much I eat and how often. It takes determination. It also takes pursuit of other activities, such as studying, hiking and conversing, that give me my "kicks" in more wholesome ways than "recreational eating."

I was about ten pounds overweight a couple of years ago, and, on my small frame, it looked like a lot because the fat concentrated around my middle. I fasted every week for one to three days and lost my extra weight—but I gained it back when I stopped my weekly fasts because I was accustomed to eating too much on the days when I wasn't fasting.

Next I tried a single long fast for a couple of weeks. Again I lost my extra weight. But, again I gained it back, this time because I had such a raving appetite and experienced such a keen enjoyment of my food. (Food tastes better after a fast because of the enhancement of our sensory perceptions when we are less toxic.)

I spoke with Dr. Vivian V. Vetrano, a professional Hygienic practitioner, about my problem of keeping excess pounds off. She recommended that I stop fasting to lose weight. Instead, she said, I should develop good daily habits. She advised me to eat slightly less than I would for weight maintenance, to refrain from snacking, to engage in daily vigorous exercise, and to get plenty of rest and sleep. She said I would lose about two to three pounds a week and keep it off.

I didn't lose two to three pounds a week. In fact, I lost only about a pound a week because I didn't cut down on how much I ate as much as I should have. But I did lose weight—and I did keep it off!

In the last month or so I gained a couple of extra pounds. I fasted for 36 hours last week and lost them. But, after the fast my appetite was enormous. It took larger portions of food to fill me up, and I got hungry more often. This lasted for a couple days after my fast. My appetite was great and my eating capacity was temporarily increased.

Eating more heavily and more often than normal immediately after my fast got me started on a bad habit of overeating. Not only did I regain the weight lost, but I also gained an extra pound or two! So now it's time for me to forget about fasting and get back in the habit of moderate eating every day.

Note: Many people find fasting to be the easiest, quickest, and most effective way to lose weight. Others, like myself, find it better not to fast to lose weight. But all people keep their weight off by healthful living and eating habits.

Article #6: Help! I Can't Stop Eating

We often read that vegetarians, particularly total vegetarians, are slimmer than the population averages. Statistically, this may well be so, but anyone who is a compulsive overeater knows that whether on an omniverous or vegetarian eating plan, it is often impossible to stop pushing in the food.

Guilt and self-recrimination follow every binge, and well-meaning friends are always on hand with their favorite diet tips. But the tips don't help, even if pride allows us to accept them. That's because we've been on all the diets, to the doctors and the fat farms and the hypnotists and faith healers—but that first fatal bite always leads once again to uncontrollable gorging.

I would like to share what has helped me recover from this tragic illness: the 12-step program of Overeaters Anonymous taken directly from the time-honored Alcoholics Anonymous program. We use their steps to recover on the physical, emotional and spiritual levels, and we read the A.A. literature, simply substituting the word food for alcohol and compulsive eater for alcoholic. O.A., a fellowship which has no dues or fees, is wonderful for vegetarians because it is not a diet club and does not deal in diets, many of which would exclude a vegetarian from the start. Because we have come to believe that most of the fat is between our ears, the program works to help change our thinking so that we no longer want to overeat. That's the beauty of it: it's the miracle every compulsive eater has long dreamed of, to eat all he/she wants and maintain a normal weight. It's only possible when all you truly desire is a normal amount of decent food.

Overeaters Anonymous is listed in telephone directories of most major cities. No one is too fat or too thin to recover. O.A. recognizes that anorexia nervosa, self-imposed starvation, and compulsive vomiting are other aspects of the basic disease of compulsive eating: a physical allergy to certain foods and large amounts of food, combined with a mental obsession that enslaves the victim to his/her addiction.

My own recovery has resulted in a slender body (a 68-pound weight loss maintained for two years, quite a miracle for a former yo-yo dieter), the indescribable joy of freedom from cravings and food fears, an emotional poise that I would never have imagined possible, and truly high-quality vegetarianism. Prior to embarking upon recovery from compulsive overeating, I felt like a hypocritcal vegetarian: who would want to give up meat if I were their only example of a vegetarian, a person physically unhealthy and emotionally unstable? Recovery has also meant that I've been able to become a vegan, something I'd wanted to do for several years but was not able to accomplish because of my love affair with a variety of foods.

You will notice that there is no name given for the writer of this article. That is because O.A. members remain anonymous at the public level. (When I share my program, I as an individual am not important; it's a matter of "principles before personalities." I keep my program and further my recovery by giving away what has been given me. I am responsible for extending the hand and heart of O.A. to all who share my condition, and that service orientation expands to enrich my family and professional life and my work for vegetarianism.)

If your eating is destroying your world instead of nourishing your body, there is a solution. It's a tragic, disease, but a beautiful recovery.

—Anyonymous